

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-023024

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 369

Primary Registration District No. 4538

Registrar's No. 7

FILED MAY 28 1963

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

| | | | |
|--|----------------------------------|---|---------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Wayne | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Wayne | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Piedmont | | c. CITY OR TOWN Piedmont | |
| c. FULL NAME OF (If NOT in hospital, give location) Home (RR 2) | | d. STREET ADDRESS (If outside, give location) Home (RR 2) | |
| 3. NAME OF DECEASED (Type or print) John William Daniels | | 4. DATE OF DEATH Month May Day 18 Year 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12-29-1878 |
| 9. AGE (last birthday) 83 | | 10. IF UNDER 1 YEAR Months 4 Days 19 | |
| 10a. USUAL OCCUPATION: (Give kind of work done during most of working life, even if retired). Retired Contractor | | 10b. KIND OF BUSINESS OR INDUSTRY Piedmont (Wayne) Mo | |
| 11. BIRTHPLACE (City and state or country) U.S.A. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME William Francis Daniels | | 13b. MOTHER'S MAIDEN NAME Susan Ivy Daniels | |
| 14. NAME OF HUSBAND OR WIFE Artie Brooks (Deceased) | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No | |
| 16. SOCIAL SECURITY NO. No | | 17. INFORMANT Mrs June Waller | |
| 18. CAUSE OF DEATH (Enter only one cause per item) PART I. DEATH WAS CAUSED BY: (IMMEDIATE CAUSE (a)) Pulmonary edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary carcinoma DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Leukemia + pulmonary Tuberculosis | | INTERVAL BETWEEN ONSET AND DEATH 2 hours 6 mo. | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY Hour 1:30 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY | |
| 20g. STATE | | 20h. DATE OF DEATH | |
| 21. I attended the deceased from June 1962 to May 18, 1963 and last saw him alive on May 18, 1963 Death occurred at 1:30 A m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE [Signature] (Degree or title) | |
| 22b. ADDRESS Piedmont, Mo. | | 22c. DATE SIGNED 5-20-63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 5-21-63 | |
| 23c. NAME OF CEMETERY OR CREMATORY Masonic | | 23d. LOCATION (City, town, or county) (State) Piedmont Mo | |
| 24. FUNERAL DIRECTOR William Cooker | | 25. DATE RECD. BY LOCAL REG. May 24, 1963 | |
| 26. REGISTRAR'S SIGNATURE Shirley Lovelace | | 27. DATE SIGNED | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by Ceder Funeral Home, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Ceder

Licensed Embalmer No. 3723

P. O. Address Piedmont, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.